



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

December 12, 2006

Grant Vanderlinden, Administrator
Aspen Ridge Residential Care
11359 Tioga Street
Boise, ID 83709

FILE COPY

Dear Mr. Vanderlinden:

The Bureau of Facility Standards conducted a standard health care survey at Aspen Ridge Residential Care on July 27, 2006. As a result of that survey, your facility was issued a punch list with several items needing correction. To date, we have not received evidence of resolution for these items. The bureau is granting a ten day extension from the date of this letter so that you may provide the necessary evidence that you have corrected the deficiencies. The new due date for your evidence of resolution to be received by this office is December 22, 2006.

The following is a list of items you need to submit evidence of resolution for:

16.03.22.305.02

Resident #2 did not have a current physician order for Albutrol.

A current medication order or an order to discontinue the medication was not received.

16.03.22.305.06

The facility nurse failed to educate staff not to fill insulin syringes.

Proof of staff education was not provided.

16.03.22.310.01

Bulk medications were not bubble packed.

Evidence that this practice is not being continued was not received.

16.03.22.600.06 b

An employee did not have current first aid.

Evidence that current employees that work at the facility have obtained first aid was not received.

Grant Vanderlinden

December 12, 2006

Page 2 of 2

16.03.22.625.01

An employee did not have documentation orientation that included hours and topics.

Evidence that current employees that work at the facility have documentation orientation that included hours and topics.

16.03.22.630.02

Employees did not have documented evidence of specialized training.

Evidence that current employees that work at the facility have documented evidence of specialized training.

16.03.22.730.01.g

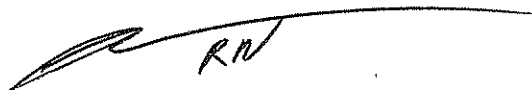
Employees did not have criminal background checks.

Evidence that current employees that work at the facility have criminal background checks.

Please call me at (208) 334-6626 if you have questions, or if we can be of further assistance.

Thank you for your continued participation in the Residential Community Care Program in Idaho.

Sincerely,

A handwritten signature in dark ink, appearing to read "RN" followed by a stylized flourish.

PATRICK HENDRICKSON, RN

Health Facility Surveyor

Residential Community Care Program



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

November 13, 2006

CERTIFIED MAIL #: 7003 0500 0003 1967 1343

Grant Vanderlinden, Administrator
Aspen Ridge Residential Care
11359 Tioga Street
Boise, ID 83709

FILE COPY

Dear Mr. Vanderlinden:

On **July 27, 2006**, a state licensure survey was conducted at your facility. We have not yet received a response from the facility for that survey, which was due by **September 14, 2006**.

Enclosed is another copy of the Punch List identifying non-core issue deficiencies cited during the survey. Please submit evidence of resolution to our office on or before **November 23, 2006**.

Should you have questions regarding the survey or developing a response, please call our office at (208) 334-6626.

Sincerely,

Patty West-Deer, MSW for

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

FILE COPY

August 28, 2006

Grant Vanderlinden, Administrator
Aspen Ridge Residential Care
11359 Tioga St
Boise, ID 83709

Dear Mr.. Vanderlinden:

On July 27, 2006, a state licensure survey was conducted at Aspen Ridge Residential Care - Linden Tree Enterprises. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 14, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R800	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/27/2006
NAME OF PROVIDER OR SUPPLIER ASPEN RIDGE RESIDENTIAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 7869 SNOHOMISH ST BOISE, ID 83709		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard survey conducted on July 27, 2006. The surveyors conducting the standard survey were:</p> <p>Patrick Hendrickson, RN Team Leader Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p> <p>John Wingate, RN Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Aspen Ridge Res. Care</i>	Physical Address <i>7869 Snodgrass Street</i>	Phone Number <i>562-0123</i>
Administrator <i>Grant Vanderlinden</i>	City <i>Boise ID</i>	ZIP Code <i>83709</i>
Survey Team Leader <i>P. Hendrichsen</i>	Survey Type <i>S/S</i>	Survey Date <i>7-26-06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
#1	16.03.22.250.15	The facility did not have a call system.	8-21-06 <i>N</i>
#2	16.03.22.305.02	Resident #2 did not have a current phy. order for Albuterol in her Record.	12-28-06
#3	16.03.22.305.06	The facility nurse did not perform an initial nursing assessment for residents #1,2 for self administration of medications.	
#4	16.03.22.305.09	The facility nurse failed to educate unlicensed staff not to fill insulin syringes.	12-28-06
#5	16.03.22.310.01	All bulk medications must be in bubble packs.	12-28-06
#6	16.03.22.600.06B	1 employee did not have current first aid.	12-28-06
#7	16.03.22.625.01	1 employee did not have documentation of orientation that included hours and topics.	
#8	16.03.22.635.02	Employee did not have documentation evidence of specialized training.	
#9	16.03.22.725.01	The facility did not have a current admit/disclosure log.	
#10	16.03.22.730.01G	Employees did not have criminal background checks.	12-11-06 <i>dy</i>
#11	16.03.22.735.01	The facility's refrigerator that stored medications did not have a daily temp. log.	8-30-06 <i>dy</i>

Response Required Date

8-26-06

Signature of Facility Representative

[Signature]